L2CC00390575

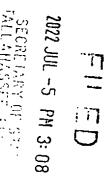
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
J. HORNE				
OCT - 5 2022				

Office Use Only



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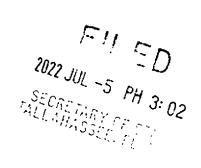


COVER LETTER

TO:	Registration Section			
	Division of Corporations			
SUBJ	Mille Hospitality LLC			
	(Name of Limi	ed Liability Company)		
The e	nclosed member, resignation or dissocia	tion and fee(s) are submitte	ed for filing.	
Please	e return all correspondence concerning t	his matter to:		
Michae	el Beovides			
	(Contact Person)			
Maxim	ium Flavor · · · · · · ·			
	(Firm/Company)			
13500	N. Kendall Drive, Suite 115			
	(Address)	-		
Miami	, FL 33193			
	(City/State and Zip Code)			
For fu	orther information concerning this matte	r, please call:		
Pam H	епета	786 4135261		
	(Name of Contact Person)	(Area Code & Daytime To	elephone Number)	
	sed please find a check made payable to	- · · · · · · · · · · · · · · · · · · ·		
□ \$2:	5 Filing Fee	☐ \$55 Filing Fee & Certi	fied Copy	
	Mailing Address:	<u>Street Address</u> Registration		
	Division of Corporations	-	Corporations	
	P.O. Box 6327		of Tallahassee	
	Tallahassee, FL 32314		nroe Street, Suite 810	
		Tallahassee,	FL 32303	

CR2E079 (2/14)





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	E HOSPITALITY, LLC	s it appears on the records of the Florida Department
2. The Florida docs £20000390575	ument/registration number a	ssigned to this limited liability company is:
3. The date this me	ember/manager withdrew/res	signed or will withdraw/resign is: 06/22/2022
4. 1, Adrianne Calvo		harshy withdraw/racian as a
(Print N	Jame of Person Resigning)	, hereby withdraw/resign as a
Manager		
	(Print Title)	
of this limited lia resignation in wr		ne limited liability company has been notified of my
Signature of D	issociating Member or Resig	gning Manager
	\$25.00 (Required) \$30.00 (Optional)	